

Brian Head Field Ecology

Dates: June 29th-July 3rd, 2009

Location: Brian Head, Utah

Credit: USOE or 3 SUU credit hours

Instructor: Paul Spruell

Instructor Contact Information:

spruell@suu.edu (435) 586-7928

Registration Fee and Deposit:

\$275 registration fee; \$45 deposit payable to Southern Utah University

Send registration form and deposit to:

John Taylor- Biology Department
Southern Utah University
351 W. University Blvd.
Cedar City, UT 84720

Registration Contact Information:

John Taylor- Biology Department
Southern Utah University
351 W. University Blvd.
Cedar City, UT 84720
taylorjr@suu.edu



Course Description:

Feel the crisp mountain air of Brian Head, as you leave the warmth of your lodge to see incredible vistas in every direction. What gifts will your morning surveys reveal? The flute-like song of a hermit thrush? Brilliant colors of a western tanager? A tiny shrew? Or maybe the soft gray of the exotic flying squirrel? Professional biologists will guide your wildlife observations, as you work together to gather important data in these pristine spruce-fir-aspen forests. Experienced teachers will help you translate your experiences for the classroom.

Time for your own explorations might mean back to the lodge for hot showers, lunch, then hiking, mountain biking or just viewing the red rock

All course communication will be made thru the email address provided on your registration form. (Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)



2009 Science Professional Development Registration Form

(Duplicate as Necessary)

Mail to:

Workshop Contact:

Workshop Title	Date	Location	Registration Fee

Contact Information:

Teacher: _____
District: _____
School: _____
Grade Level/Subject: _____
Home Address: _____
City: _____ Zip: _____
Home phone: _____
School phone: _____
CACTUS # : _____
E-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # _____ enclosed **OR**

☐ **SCHOOL** _____ **OR**
Principal

☐ **DISTRICT** _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

Return this completed registration form and your refundable deposit check to the above listed workshop contact.

A separate registration form must be submitted for each workshop you plan to attend.